### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, 1

TEMPORARY FORM D

# OMB Number: 3235-0076 Expires: February 28, 2009 Estimated average burden hours per response. . . . . . 4.00

SEC Mail Mail Processing Section

## Soction NOTICE OF SALE OF SECURITIES FEB 10 ZUUPURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washing FORM LIMITED OFFERING EXEMPTION

washington, DC	
Name of Offering (  check if this in amendment and name has changed, and indicate change Private Placement of Limited Partner Interests of Energy Capital Partners II-A (TE-L Indirect	e.) t), LP
	on 4(6) ULGO
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	09001280
Energy Capital Partners II-A (TE-L Indirect), LP	00001200
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078	(973) 671-6100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Private equity investment fund formed for the purpose of making investments in Energy Ca	nital Partners II-A and its affiliated entities.
Type of Business Organization	DOOFFOR
	please specify):
business trust limited partnership, to be formed	MAR 2 2002
Month Year  Actual or Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation or Oceanization (M.D.) [Actual C. Estimated Date of Incorporation (M.D.) [Actual	moved EU-13
Actual or Estimated Date of Incorporation or Organization: 12 018 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	mated THCMSON REUT
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using comply with all the requirements of § 230.503T.  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exception under Reguseq. or 15 U.S.C. 77d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the escurities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or complete.	FR 239.500T) or an amendment to such a jod, an issuer also may file in paper format an g Form D (17 CFR 239.500) and otherwise plation D or Section 4(6), 17 CFR 230.501 et offering. A notice is deemed filed with the U.S. the address given below or, if received at that pertified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20 Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be must be a photocopy of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the information requested. Filing Fee: There is no federal filing fee.  State:	manually signed. The copy not manually signed report the name of the issuer and offering,
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate supporting to the notice constitutes a part of this notice and must be completed.	e notice with the Securities Administrator in precondition to the claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal ex	amption Conversely failure to file the
appropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice.	

SEC 1972 (9-08)

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director	General and/or
Energy Capital Partners GP II, LP (general partner of the issuer)	Managing Partner
Full Name (Last name first, if individual)	
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078  Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director	General and/or Managing Partner
Energy Capital Partners II, LLC (general partner of the general partner of the issuer)	Managing I arrier
Full Name (Last name first, if individual)	
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078	
Business or Residence Address (Number and Street, City, State, Zip Code)	
	<u></u>
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director	General and/or
Kimmelman, Douglas W.	Managing Partner
Full Name (Last name first, if individual)	
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:  Promoter Beneficial Owner  Executive Officer Director	General and/or Managing Partner
Helm, Scott B. Full Name (Last name first, if individual)	
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078  Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Mulliber and Sireet, City, State, 21p Code)	
Check Box(es) that Apply:	General and/or Managing Partner
Labbat, Peter	
Full Name (Last name first, if individual)	·
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director	General and/or Managing Partner
Lane, Thomas K	
Full Name (Last name first, if individual)	
51 John F. Kennedy Parkway, Suite 200, Short Hills, NJ 07078	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply:  Promoter Beneficial Owner  Executive Officer Director	General and/or
	Managing Partner
Singer, Andrew D. Full Name (Last name first, if individual)	
· · · · · · · · · · · · · · · · · · ·	
11943 El Camino Real, Suite 220, San Diego, California 92130  Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessa	ry)

		A. BASIC IDE	NTIE	FICATION DATA				
2. Enter the information requested f	or the following							
Each promoter of the issuer.			hin t	he past five years:				
•		_		-	ر دا 10	% or more of	a clas	s of equity securities of the issuer.
Each executive officer and officer an				-				•
Each general and managing	•		orpoi	rate general and man	451116	partificis of	partific	iomp issuers, and
Each general and managing	parmer or parm	iership issuers.						
	omoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Cole, Perry J. Full Name (Last name first, if individual)	ual)							
11943 El Camino Real, Suite 22		California 92130						
Business or Residence Address (Nur			le)					
(		, e, se, zp ese	,					
Check Box(es) that Apply: Pro	omoter	Beneficial Owner	7	Executive Officer		Director	$\overline{}$	General and/or
	oinotei	Deliciteiai Owner	<b>V</b>	DACCULIVE OTHER	لسا	Director	ш	Managing Partner
Herman, Steven A. Full Name (Last name first, if individual	ual)					<del></del>		
•		+ U:lla N I 07070						
51 John F. Kennedy Parkway, St Business or Residence Address (Nur			۱۵۱					
Business of Residence Address (Nui	noer and Street	, City, State, Zip Cou						
Check Box(es) that Apply:	omoter	Beneficial Owner	Ø	Executive Officer		Director		General and/or
	omote:	Bellettelat Owlier	<b>V</b>	Executive Officer	Ш	Director	Ш	Managing Partner
Karp, Murray D.	1)							
Full Name (Last name first, if individual								
51 John F. Kennedy Parkway, St	<del></del>							
Business or Residence Address (Nur	moer and Street	, City, State, Zip Cod	e)					
Check Boy(on) that Apply: 77 Br		Beneficial Owner	<u> </u>	Evacutive Officer		Director		General and/or
	omoter [	Beneficial Owner	Z	Executive Officer	Ш	Director	Ц	Managing Partner
Parshley, Paul C.	13							
Full Name (Last name first, if individual								
51 John F. Kennedy Parkway, St								
Business or Residence Address (Nur	moer and Street	, City, State, Zip Cod	ie)					
Check Day(as) that Assists   D. D.		Dan efficient Courses	$\overline{}$	Formation Officer		Dinasta		Council and/or
Check Box(es) that Apply: Pro	omoter	Beneficial Owner	Ш	Executive Officer	Ļ	Director	Ц	General and/or Managing Partner
Eall Name (I are name Care (Cindin))	IV							
Full Name (Last name first, if individual	uai)							
Durings at Basidana Addam (No.		City State 7in Co.		· · · · · · · · · · · · · · · · · · ·				
Business or Residence Address (Nur	moer and Street	, City, State, Zip Cod	e)					
Charle Bay(as) that Applies Bo			_	F		D:		C
Check Box(es) that Apply: Pro	omoter 📋	Beneficial Owner	Ш	Executive Officer	Ш	Director		General and/or Managing Partner
Full Name (Last name first, if individual	ual)							
B ( B () ()								
Business or Residence Address (Nur	mber and Street	, City, State, Zip Cod	le)					
			_					
Check Box(es) that Apply: Pro	omoter	Beneficial Owner	Ш	Executive Officer	Ш	Director	Ш	General and/or Managing Partner
Full Name (Last name first, if individual	ual)							
								<del> </del>
Business or Residence Address (N	umber and Stre	et, City, State, Zip	Code	2)				
J)	Jse blank sheet	, or copy and use a	dditi	onal copies of this	sheet,	as necessa	ry)	

					B. II	NFORMATI	ON ABOU	T OFFERI	ING				
Ι.	Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No 🗷	
2.	What is	the minim	um investm			• •		-				<b>\$</b> 10,0	00,000
												Yes	No
3.			permit joint									×	
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune: ted is an ass	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	ers in conne er or dealer e (5) person	ction with registered s to be list	sales of sec l with the S ed are asso	curities in the EC and/or	rectly, any he offering. with a state ons of such		
Full	l Name (l	Last name	first, if indi	vidual)									
		oup LLC	Address (N	umbar and	Strant Ci	tu Stata 7	in Code)						
			h Floor, Ne			-	ip Code)						
			oker or Dea		<u> </u>	<del>• • • • • • • • • • • • • • • • • • • </del>							
Stat			Listed Has										
	(Check	"All States	" or check	individual	States)	•••••						VI AI	States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC)	FL	GA	HI	ID MO
	MT	NE.	IA NV	KS NH	KY NI	LA NM	ME)	MD NC	MA ND	OH.	MN OK	LMSJ OR	PA
	RI	SC	SD	TN	TX	UT	[VT]	(VA)	WA	WY	WI	WY	PR
						<del></del>							
	-	Last name : urities LLC	first, if indi	ividual)									
			Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
			tars, Suite		Angeles,	California 9	90067				······································		
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	" or check	individual	States)		******		,	***************************************		☐ Al	l States
	AL	AK	ΔZ	ĀR	<b>⊘</b> A	CO	CT	DE	DC	FL	GA	HI	(d)
		IN	IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NI	NM	NY	NC	ИD	ОН	OK	OR	PA
	RI	SC.	SD	TN	TX	url	VT	[VA]	WA	WV	WI	WY	PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	<u> </u>			<u>-</u>		
			·					· · · · · · · · · · · · · · · · · · ·					
Nar	me of As:	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						•
	(Check	"All States	or check	individual	States)	***************************************	***************************************		****************			☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	
	IL.	IN	LIA.	KS	KY]	IA NA	ME	MD NC	MA	ML	MN	MS	MO
	MT RI	NE SC	NY.	NH TN	[XI]	LMMI LLT	LNY. [VT]	[VA]	ND WA	OH WV	lok Wi	OR WY	PA. PR
	لطعما			تنفت									<del></del>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

c	OFFERING PRICE.	NUMBER	OF INVESTORS	EXPENSES	AND	LISE OF	F PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		Amount Almondu
		egate ng Price	Amount Already Sold
	Debt		\$0
	Equity\$ 0		\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)\$0		\$0
	Partnership Interests		\$0
	Other (Specify)\$0		\$0
	Total	4	\$0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Num	nber estors	Aggregate Dollar Amount of Purchases
	Accredited Investors0		\$0
	Non-accredited Investors		\$ N/A
	Total (for filings under Rule 504 only)		\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.			
		e of irity	Dollar Amount Sold
	Rule 505 N/A		\$ N/A
	Regulation A		\$ <u>N/A</u>
	Rule 504		\$ N/A
	Total		\$ <u>0</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🔽	\$ <u>0</u>
	Printing and Engraving Costs	🗹	\$ <u>0</u>
	Legal Fees	🗸	\$ <u>0</u>
	Accounting Fees	🔽	\$ <u>0</u>
	Engineering Fees	🔽	\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)	_	\$ o
	Other Expenses (identify) Organizational and startup fees, postage, travel and general fund raising expense		\$ 0
	Total	_	s o**

<sup>\*</sup>The General Partner reserves the right to offer a greater or lesser amount of limited partner interests.

<sup>\*\*</sup>The Issuer is an indirect feeder fund for Energy Capital Partners II-A, LP (the "Fund"). The Issuer does not pay any direct organizational expenses, but bears a pro rata indirect portion of all Fund organizational expenses.

	C. OFFERING PRICE, NUMBER OF INVESTORS, E	XPENSES AND USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response and total expenses furnished in response to Part C — Question 4.a. This differ proceeds to the issuer."	ence is the "adjusted gross	\$ <u>3,500,000,000</u>
5.	Indicate below the amount of the adjusted gross proceed to the issuer used of each of the purposes shown. If the amount for any purpose is not known, check the box to the left of the estimate. The total of the payments listed must proceed to the issuer set forth in response to Part C — Question 4.b above	, furnish an estimate and stequal the adjusted gross	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_ <b>s</b> _0
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery		
	and equipment		Z \$ 0
	Construction or leasing of plant buildings and facilities	🔼 \$ <u>0</u>	_ <b>Z</b> \$ <u>0</u>
	Acquisition of other businesses (including the value of securities involved offering that may be used in exchange for the assets or securities of anoth issuer pursuant to a merger)	er	_ <b>\$</b> _3,500,000,00
	Repayment of indebtedness	<u> </u>	
	Working capital	<del></del>	
	Other (specify):		<del></del>
			<b>Ø</b> \$ 0
	Column Totals		<b>3</b> \$ 3,500,000,000
	Total Payments Listed (column totals added)		<u>,500,000,00</u> 0
	D. FEDERAL SIGN	ATURE	
ig	ne issuer has duly caused this notice to be signed by the undersigned duly author gnature constitutes an undertaking by the issuer to furnish to the U.S. Securition in furnished by the issuer to any non-accredited investor pursuan	es and Exchange Commission, upon writt	ule 505, the following en request of its staff,
SS	suer (Print or Type) Signature	Date	2 100
Ēn	nergy Capital Partners II-A (TE-L Indirect), LP	<u> </u>	9/09
l.	ame of Signer (Print or Type) Title of Signer (Print of		
٧a		Energy Capital Partners II, LLC, the ger	

#### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		, Alger
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date O / O / 20
Energy Capital Partners II-A (TE-L Indirect), LP	Along	2/9/09
Name (Print or Type)	Title (Print or Type) Managing Member of Energy Capital Partr	
Andrew D. Singer	Managing Member of Energy Capital Parti general partner of the issuer	ners II, LLC, the general partner of the

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				Al	PPENDIX				
1	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)*				ification ate ULOE attach ation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
AK		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
AZ		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		x
AR		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
CA		×	Up to \$3,500,000,000 in timited partner interests*	0	\$0	0	\$0		×
СО		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
СТ		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
DE		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		x
DC		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
FL		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
GA		×	Up to \$3,500,000,000 in limited pertner interests*	0	\$0	0	\$0		×
НІ		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		_ x
ID		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
IL		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
IN		×	Up to \$3,500,000,000 in Imuted partner interests"	0	\$0	0	\$0		×
IA		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
KS		×	Up to \$3,500,000,000 in tirrited partner interests*	0	\$0	0	\$0		×
KY		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
LA		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
ME .		×	Up to \$3,500,000,000 in tirrited pertner interests*	0	\$0	0	\$0		×
MD		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
MA		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
MI		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
MN		×	Up to \$3,500,000,000 in limited partner interesta*	0	\$0	0	\$0		×
MS		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×

				APP	ENDIX				
1	Intend to non-a investor	2 to sell accredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)*			5 Disqual under Sta (if yes, explana waiver (Part E-	attach attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
МТ		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
NE		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
NV		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		Х
NH		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
NJ		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
NM		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		x
NY		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
NC		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
ND		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		X
ОН		×	Up to \$3,500,000,000 in timited partner interests*	0	\$0	0	\$0		×
OK		×	Up to \$3,500,000,000 in limited partner interests."	0	\$0	0	\$0		×
OR		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
PA	. ,	×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
RI		×	Up to \$3,500,000,000 in limited pertner interests*	0	\$0	0	\$0		×
SC		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
SD		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
TN		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
TX		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
UT		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
VT		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
VA		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
WA		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
WV		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
WI		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×

				APP	ENDIX				
1		2	3				5 Disqualification		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expla amount purchased in State waive			(if yes, explan waiver	ate ULOE attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×
PR		×	Up to \$3,500,000,000 in limited partner interests*	0	\$0	0	\$0		×

<sup>\*</sup>The General Partner reserves the right to offer a greater or lesser amount of limited partner interests.

